



# Opioid Abuse Advisory Committee Meeting

August 24, 2022

10:00 am – 2:00 pm CT

*Hosted by South Dakota Dept. of Health*





# Welcome & Introductions



# Prescription Opioid Abuse Advisory Committee

Lori Martinec, South Dakota Department of Health, Chair  
Becky Heisinger, South Dakota Association of Healthcare Organizations

Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation

Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners

Amy Hartman, Volunteers of America – Dakotas

Tiffany Wolfgang, South Dakota Department of Social Services

Tom Deadrick, Attorney General's Office Representative

Kristen Carter, South Dakota Pharmacists Association

Dayle Knutson, Great Plains Indian Health Services

Kari Shanard-Koenders, South Dakota Board of Pharmacy  
Rep. Taylor Rehfeldt, South Dakota Legislature

Dr. Erin Miller, South Dakota State University, College of Pharmacy & Allied Health Professions

Tosa Two Heart, Great Plains Tribal Leaders Health Board

Dr. Jennifer Ball, PharmD, Center for Family Medicine

Brian Mueller, Pennington Co. Sheriff's Office

Jill Franken, Sioux Falls

Susan Kornder, Northeastern Mental Health Center

Mary Beth Fishback, Brookings Behavioral Health & Wellness

Jason Jones, Pierre Police Department

Jason Foote, Yankton Police Department

Dr. John Rounds, PT, Pierre Physical Therapy & Rehabilitation

Dr. Melanie Weiss, OD, Weiss Eyecare Clinic





# Funding Updates

- DOH Grants (Lori Martinec)
- DSS Grants (Tiffany Wolfgang)





# South Dakota's Opioid Road Map: *Data & Surveillance*

- Prevalence Data Updates
- Enhanced Surveillance Activities
- Prescription Drug Monitoring Program Updates



# Prevalence Data Updates & Enhanced Surveillance Activities

*Amanda Weinzetl - DOH*

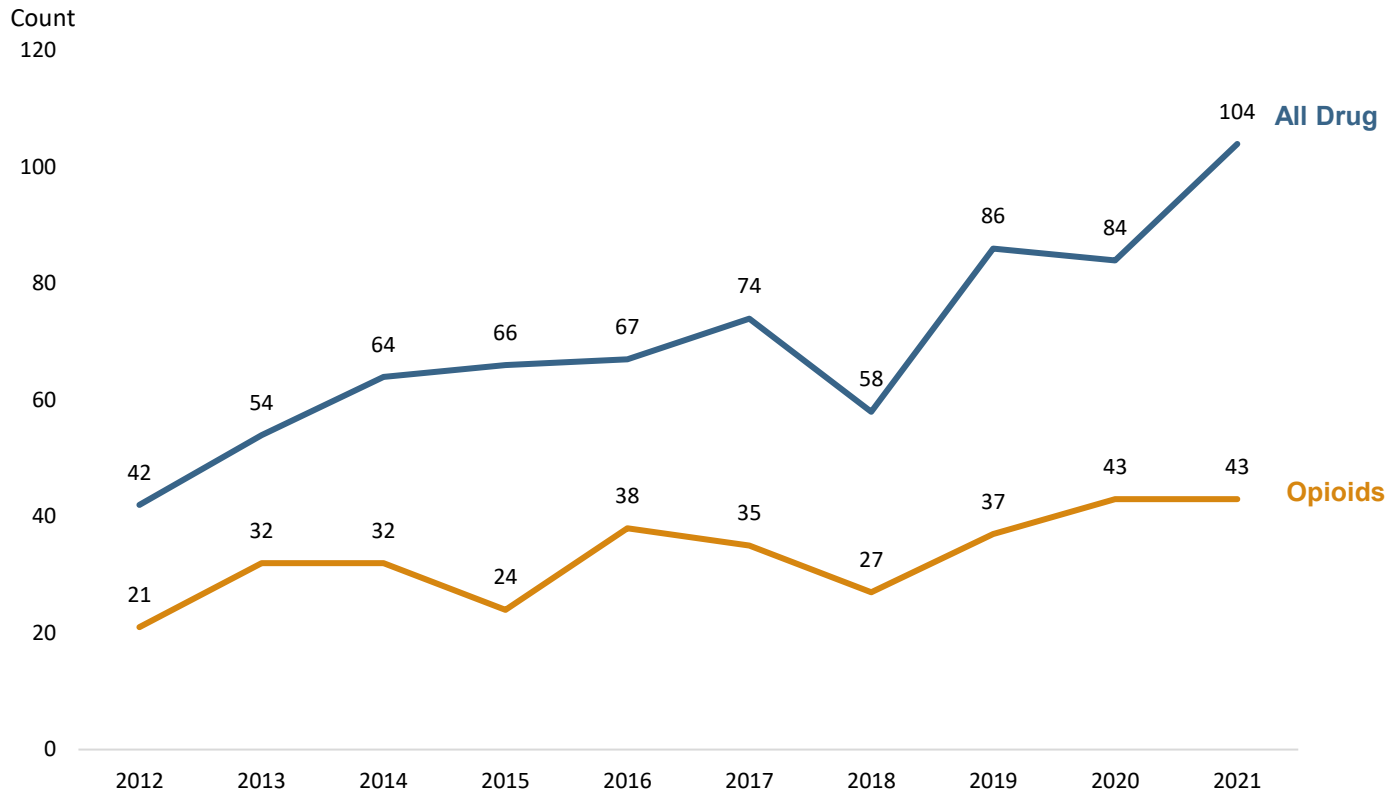


SOUTH DAKOTA  
DEPARTMENT OF HEALTH

Amanda Weinzetl, MPH  
Injury Prevention Epidemiologist  
South Dakota Department of Health



## Drug Related Deaths, South Dakota



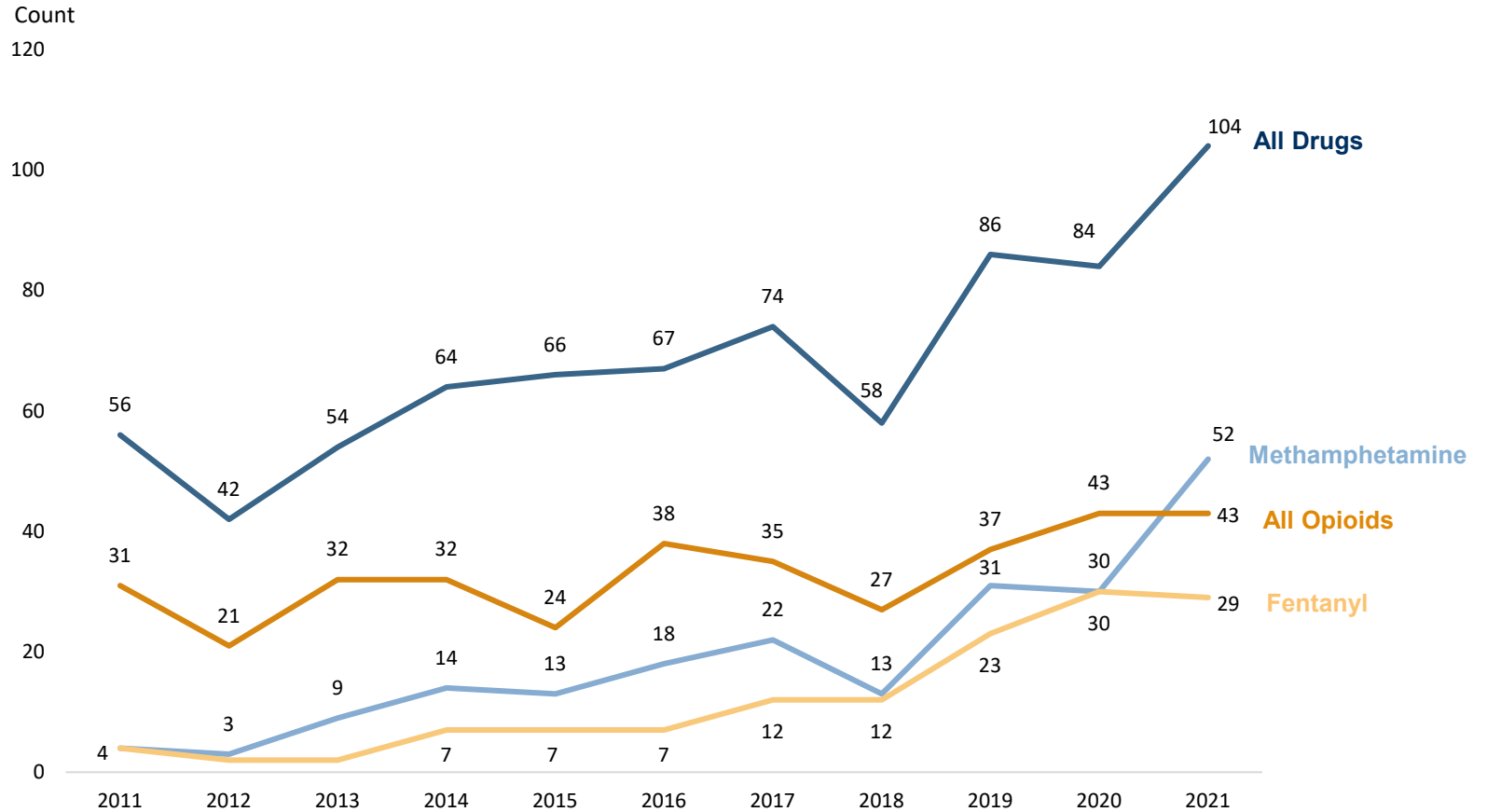
South Dakota had the **2<sup>nd</sup> lowest** age adjusted rate of drug overdose deaths (*2021 provisional*)

- SD = 12.7 per 100,000 population
- US = 32.7 per 100,000 population



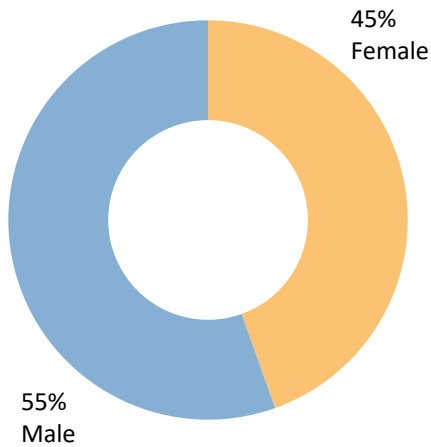


# Drug Related Deaths by Drug Type, South Dakota

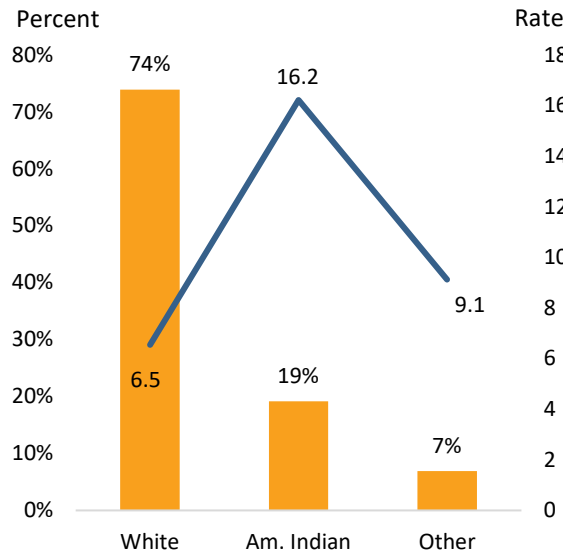


## Overdose Deaths (All Drugs) by Sex, Race, and Age Group (2011-2020)

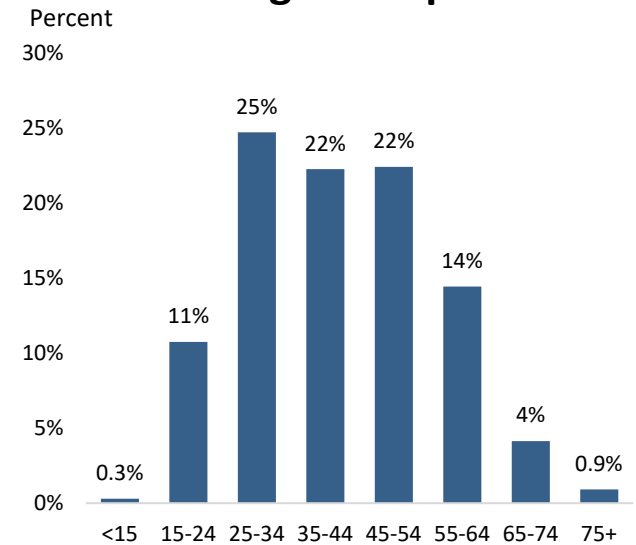
### Sex



### Race



### Age Group



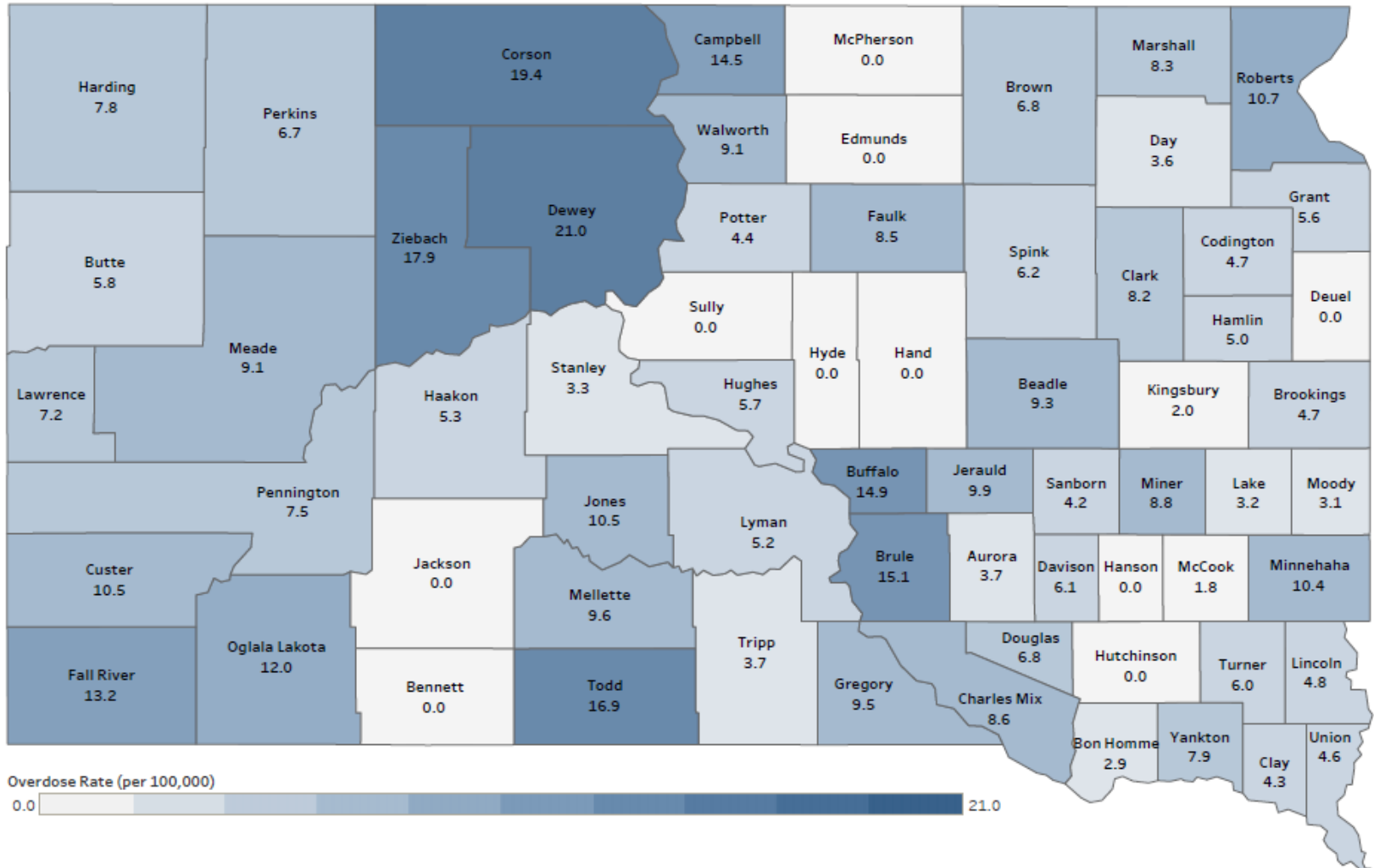
### Manner of Death:

- 74% Unintentional
- 20% Suicide
- 6% Undetermined

American Indian overdose rates are **2.5 times higher** than White race rates in South Dakota (2011-2020)



# Overdose Death Rates by County, South Dakota

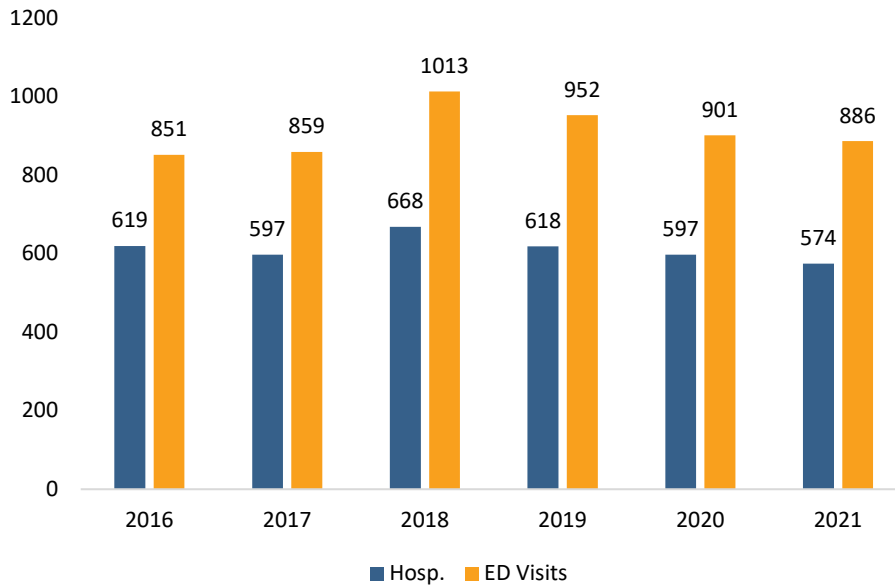


Overdose Rate (per 100,000)



# Nonfatal Overdose Hospitalizations and Emergency Department (ED) Visits, SD

Nonfatal Overdose Hospitalizations and ED Visits



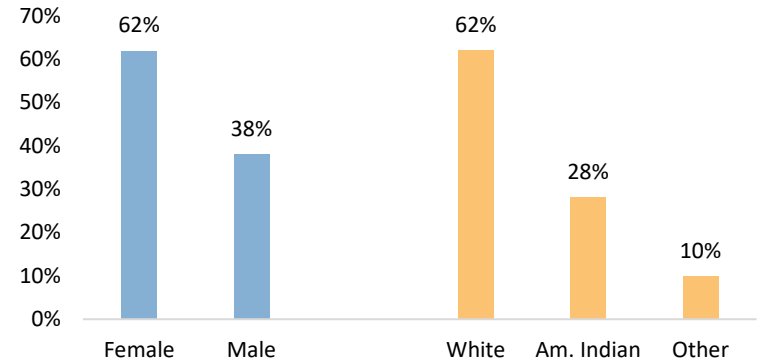
**Intent:**

35% Unintentional

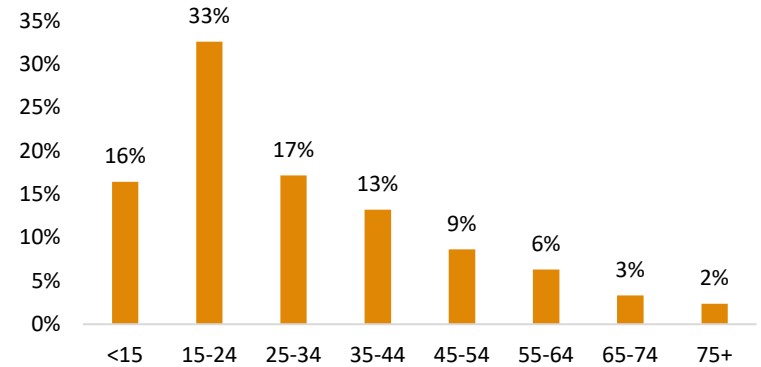
60% Suicide

5% Undetermined

Overdose Visits by Sex and Race



Overdose Visits by Age Group





SOUTH DAKOTA  
DEPARTMENT OF HEALTH

Amanda Weinzetl, MPH  
Injury Prevention Epidemiologist  
South Dakota Department of Health

# Prescription Drug Monitoring Program Update

*Melissa DeNoon, R.Ph., SD PDMP Director*

# SD PDMP Update

Opioid Abuse Advisory  
Committee

August 24, 2022

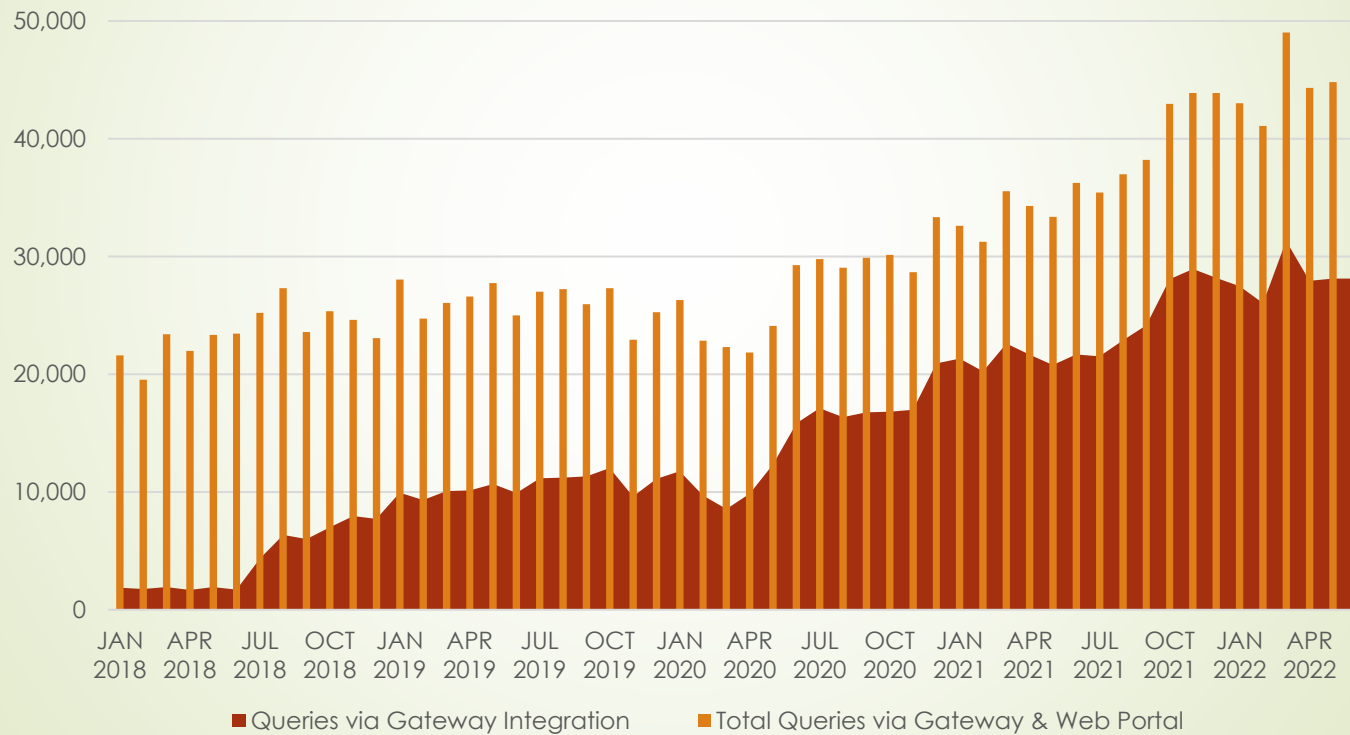
Melissa DeNoon, R.Ph.,  
SD PDMP Director

# What's New at the PDMP?

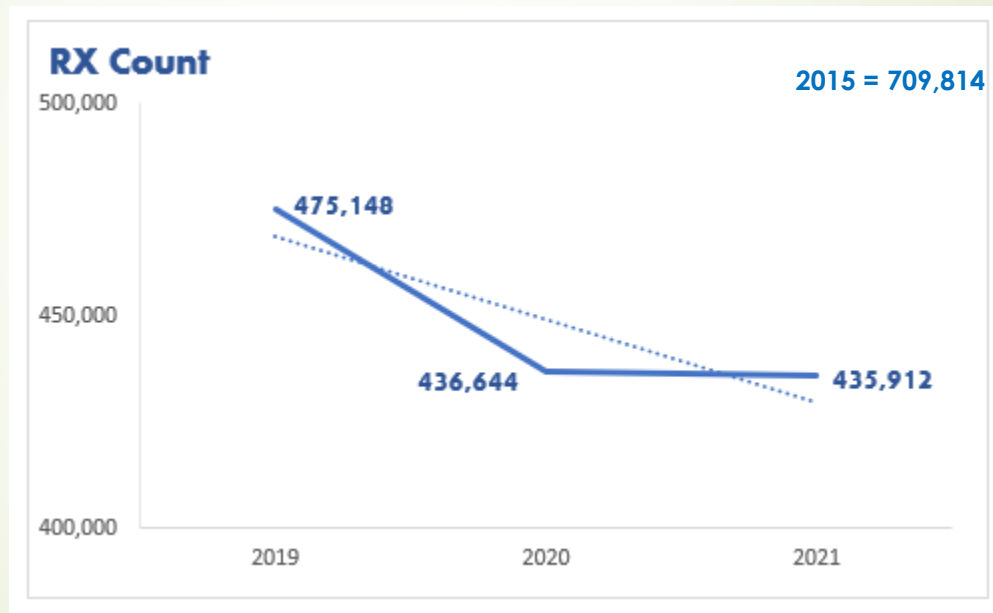
- ▶ March marked our program's 10-year anniversary
- ▶ Interstate Data Sharing set up with Florida (39 total)
- ▶ Data Integrity Focus
- ▶ 2021 BJA Harold Rogers PDMP Enhancement Grant
  - ▶ Still awaiting final budget clearance in order to draw down funds
  - ▶ Project period start date was to be October 1, 2021, with an end date of September 30, 2024
  - ▶ Grant projects:
    - ▶ Continued facilitation of statewide Gateway integration
    - ▶ Continued enhancement of SD's PMP AWARe with the NarxCare platform



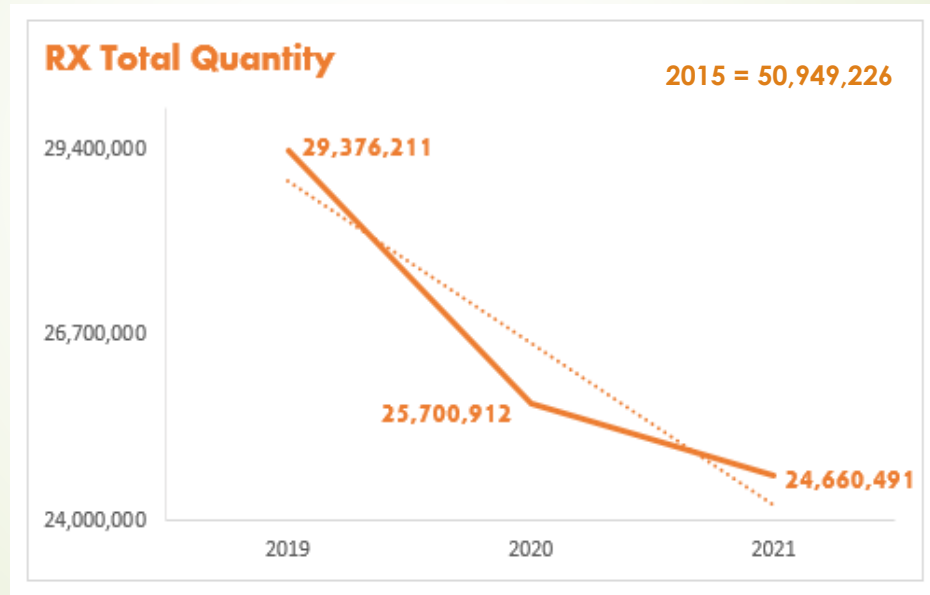
# Trending PDMP Utilization by SD Drs & RPhs



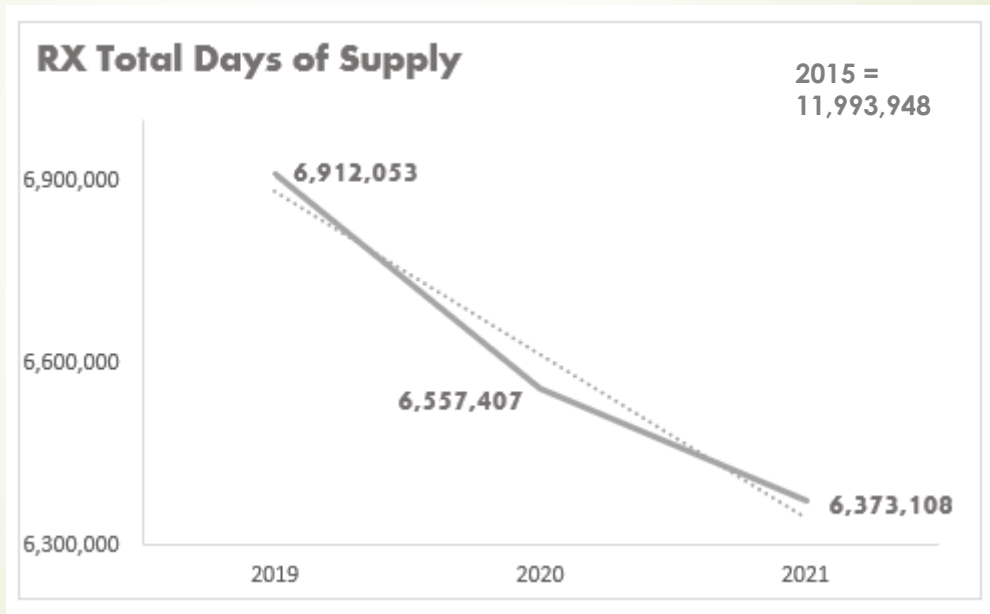
# Trending SD Patients' Opioid Prescriptions



# Trending SD Patients' Opioid Prescriptions



# Trending SD Patients' Opioid Prescriptions

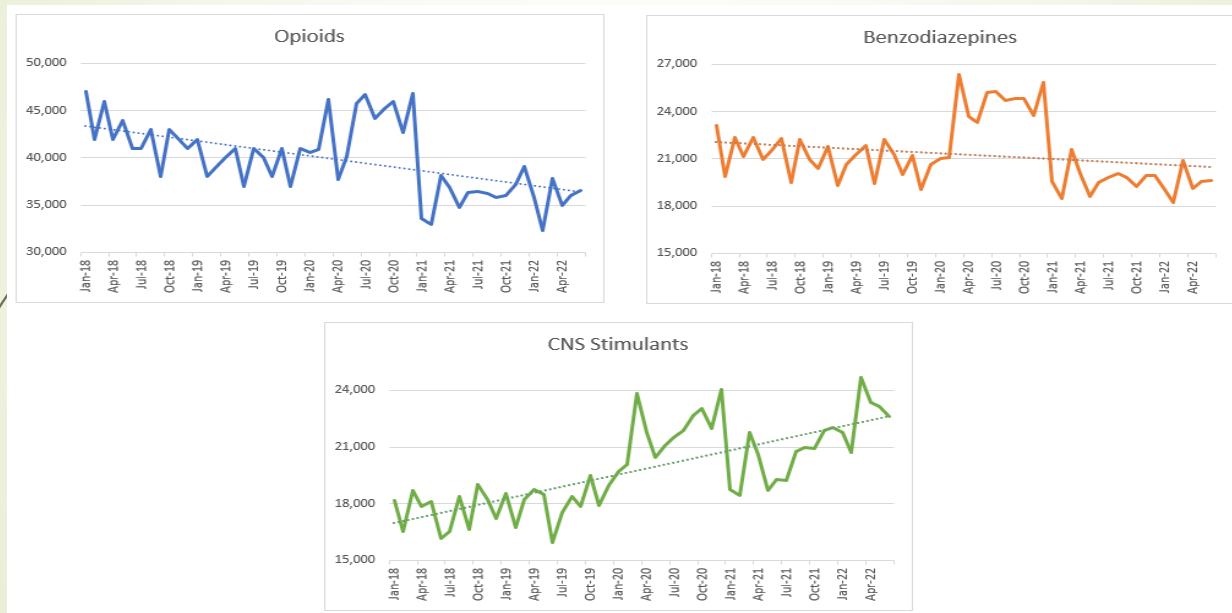


Year 2021 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx	2020 Rank	2019 Rank
HYDROCODONE BITARTRATE/ACETAMINOPHEN	145,876	7,866,090	1,832,972	54	1	1
TRAMADOL HCL	115,649	7,043,575	1,962,534	61	2	2
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	95,629	4,272,024	2,854,937	45	3	4
LORAZEPAM	79,015	3,381,470	1,729,941	43	4	3
CLONAZEPAM	72,319	3,896,552	2,117,175	54	5	5
ZOLPIDEM TARTRATE	71,335	2,481,988	2,476,777	35	6	6
METHYLPHENIDATE HCL	64,008	2,705,934	1,913,970	42	7	7
OXYCODONE HCL	51,914	2,709,609	655,930	52	9	9
ALPRAZOLAM	49,878	2,621,620	1,294,823	53	8	8
LISDEXAMFETAMINE DIMESYLATE	43,249	1,314,404	1,298,399	30	10	10

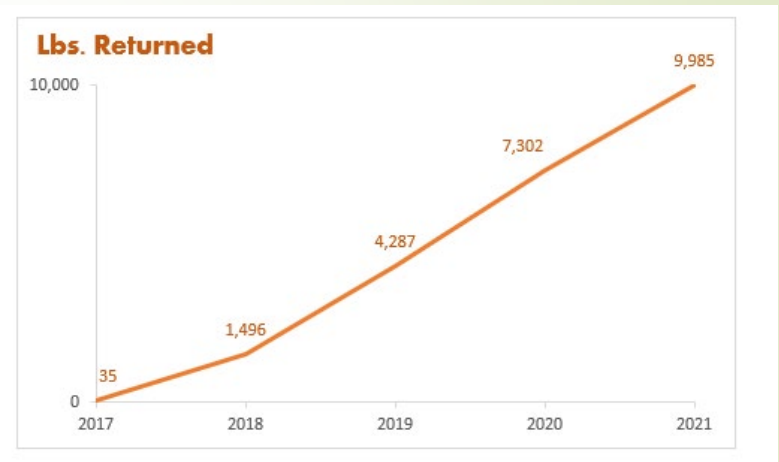
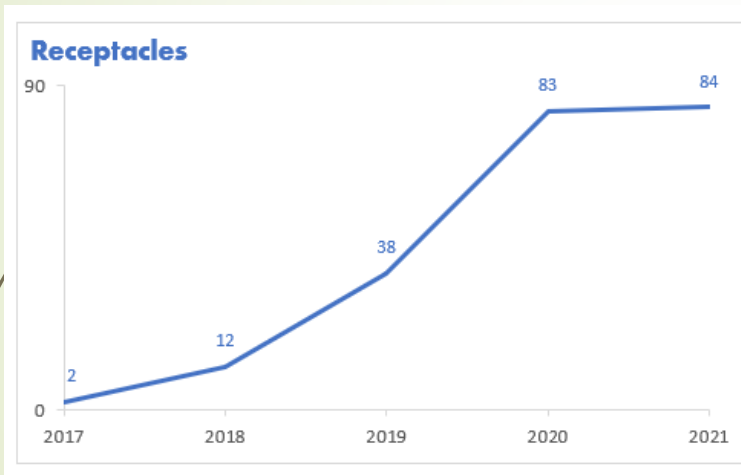
Year 2020 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	146,241	8,170,129	1,905,421	56
TRAMADOL HCL	117,752	7,496,255	2,037,812	64
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	84,128	3,845,864	2,514,611	46
LORAZEPAM	83,590	3,637,054	1,826,897	44
CLONAZEPAM	74,346	4,055,126	2,181,601	55
ZOLPIDEM TARTRATE	72,451	2,496,122	2,496,264	34
METHYLPHENIDATE HCL	59,310	2,562,838	1,780,265	43
ALPRAZOLAM	51,343	2,742,873	1,340,930	53
OXYCODONE HCL	48,276	2,747,027	678,390	57
LISDEXAMFETAMINE DIMESYLATE	40,675	1,236,410	1,222,745	30

Year 2019 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	162,263	9,189,420	2,043,917	57
TRAMADOL HCL	125,157	8,073,668	2,115,571	65
LORAZEPAM	82,118	3,530,399	1,758,522	43
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	78,802	3,591,291	2,341,140	46
CLONAZEPAM	75,834	4,178,397	2,210,945	55
ZOLPIDEM TARTRATE	75,575	2,552,930	2,552,675	34
METHYLPHENIDATE HCL	60,343	2,607,851	1,802,881	43
ALPRAZOLAM	53,144	2,793,494	1,350,077	53
OXYCODONE HCL	50,328	2,942,811	716,401	58
LISDEXAMFETAMINE DIMESYLATE	40,539	1,227,002	1,211,676	30

# Dispensations to SD Patients



# PharmaDrop Drug Take-Back Program



Questions?







# Opioid Settlement Fund Overview & Status Update

- Presented by Tiffany Wolfgang, Chief of Behavioral Health, SD DSS



# Funding Overview

- **Funding Available**
  - Approximately \$54M over 18 years
  - Year 1 State Budget – estimated \$1.2M
  - Year 1 County Budget - \$515,978
    - 68 partnering counties/cities
- **Status Update**
  - Execution of the Memorandum of Agreement
  - HB 1038 – Establishment of the Opioid Abatement and Remediation Fund
    - Appropriated through normal budget process
    - Expenditures of the state must be assigned to Department of Social Services

# Role of the Committee

---

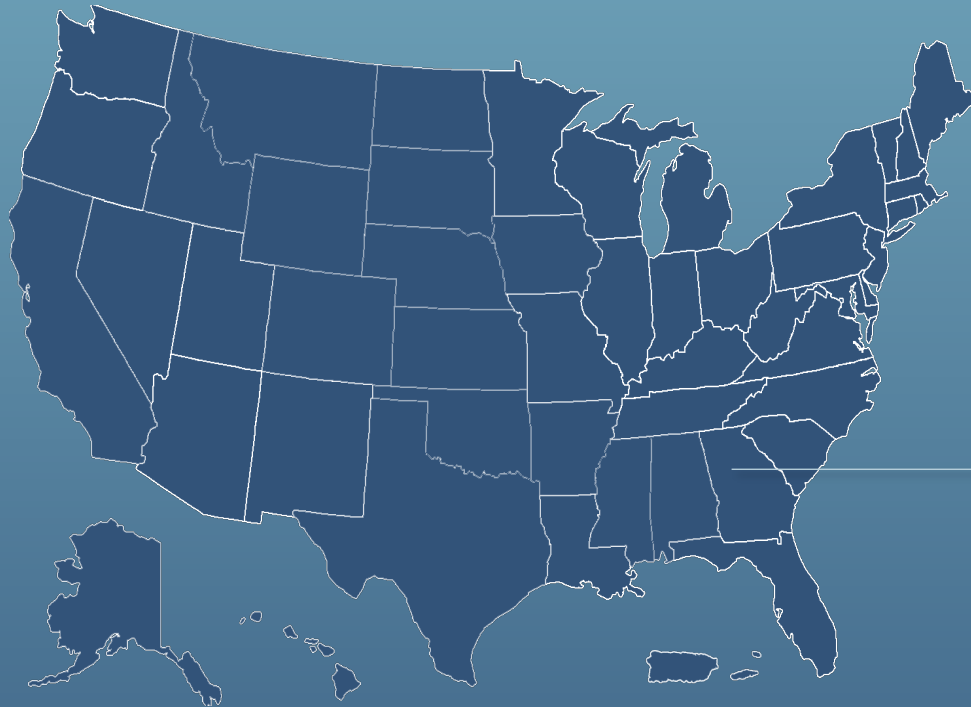
- Ensure the State and Participating Local Governments have **equal input** into the distribution of the Statewide Share for Approved Uses across SD
- Shall **meet twice annually**
- Shall **establish a process for receiving input** from South Dakota communities, provider organizations, and cities and counties regarding how the opioid crisis is affecting their communities, understanding their abatement needs, and considering proposals for opioid abatement strategies and responses.
- Shall (at least annually) **make formal recommendations** to the Secretary of DSS on the use of the Statewide Share



# Response to Opioid Misuse & Abuse

- Presented by Matt Tribble, Public Health Analyst – CDC Foundation in Partnership with SD DOH





# Overdose Response Strategy

*Matt Tribble*  
*Public Health Analyst*



OVERDOSE RESPONSE STRATEGY | PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP

# Federal Acknowledgement

---

*This presentation is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$7,200,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.*

# What is the Overdose Response Strategy (ORS)?

The Overdose Response Strategy is a unique collaboration between public health and public safety, created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence and innovative strategies.

# ORS Mission Statement

The mission of the Overdose Response Strategy is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.



# ORS Teams

---

## Public Health Analysts

- Strategically embedded within agencies such as health departments, fusion centers, medical examiners' offices, universities, HIDTA Investigative Support Centers, and prosecutor's offices
- Enhance overdose reporting systems and increase interagency collaboration
- Develop relevant products to inform action and evidence-based responses
- Identify and share spikes with partners to engage resources and alert the public

## Drug Intelligence Officers

- Assigned to the HIDTA or to a fusion center in their state.
- Mobilize public safety partners alongside the PHA to facilitate cross-sector work
- Fill a critical gap in intelligence sharing by reporting cross-jurisdictional links
- Leverage the DIO network to support information sharing on drug trafficking trends
- Notifications when local residents are arrested on felony drug charges in other parts of the state or country

# CDC and CDC Foundation



The **CDC Foundation** is an independent non-profit created by Congress to mobilize resources to support CDC's critical health protection work.

*The CDC Foundation helps CDC do more, faster, by forging partnerships between CDC and others to fight threats to health and safety.*

**CDC supports the ORS by providing CDC Foundation with funding for Public Health Analyst (PHA) positions and other key program activities.**

# Public Health Analysts (PHA)

- Work with key public health agencies, non-governmental (e.g., treatment and prevention) organizations, and law enforcement to increase interagency data sharing
- Majority of work supports or collaborates with law enforcement agencies
- **PHA Goals:**
  - Create and coordinate shared data regimes that allow public health, law enforcement, and others to respond quickly and effectively to emerging overdose crises
  - Develop and support strategic, evidence-based responses to generate immediate reductions in the number of overdose-related fatalities
  - Promote and support prevention efforts to prevent or reduce opioid misuse
  - Promote the active engagement of local communities in the discussion, planning, and implementation of ORS goals and activities

# ONDCP and HIDTA



**ONDCP** administers two grant programs:

1. High Intensity Drug Trafficking Areas (HIDTA)
2. Drug Free Communities (DFC)

*HIDTA funding supports federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States.*

**ONDCP supports the ORS by providing HIDTAs with funding for Drug Intelligence Officer (DIO) positions and other key program activities.**

# Drug Intelligence Officers (DIO)

- Partner with public health agencies and public health analysts to bridge communication gap with law enforcement
- DIOs fill a critical gap in intelligence sharing by:
  - reporting cross-jurisdictional links
  - communicating interstate intelligence
  - relaying case referrals between agencies
  - developing timely intelligence reports for law enforcement audiences
- **Felony Arrest Notifications (FANs):**
  - Track and relay drug-related felony arrests of out-of-state residents and report this information to the individual's home law enforcement agency and other law enforcement agencies with a vested interest



## COLLABORATE across public health and public safety sectors



The ORS is implemented by joint teams made up of **Drug Intelligence Officers** and **Public Health Analysts**, who work together on drug overdose issues within and across sectors and states.

The ORS creates **joint teams** that can simultaneously promote public health *and* public safety efforts.



Public safety officials, first responders, public health officials, and people who use drugs **intersect naturally**.

The ORS is designed to increase the **positive impact** and **outcomes** of those intersections.



**SHARE** data, insights, and trends we are seeing related to drug overdose in our communities



By sharing information across sectors, the ORS is growing the body of evidence related to **early warning signs** and **prevention strategies**.

**Drug Intelligence Officers** have a finger on the pulse of emerging trends and threats.

**Public Health Analysts** can obtain, analyze, and act on data more quickly than in more traditional settings.



## **INFORM AND HELP** local communities develop local solutions to reduce overdoses and save lives



With the information shared, and programs inspired by ORS, we are **helping communities and individuals make healthier, safer choices.**

Public safety agencies are already responding to overdoses.

The ORS creates an infrastructure and environment to address overdose threats, **utilizing the best existing strategies to help save lives.**

The ORS helps equip these partners with the best available public health information **to help them save lives.**



# ORS Program Strategies

1

**Share data systems** to inform rapid and effective community overdose prevention efforts.

2

Support immediate, **evidence-based response** efforts that can directly reduce overdose deaths.

3

Design and use promising strategies at the **intersection of public health and public safety**.

4

Use effective and efficient **primary prevention** strategies that can reduce substance use and overdose long term.

# Aligned Strategies and Current Projects

## **GOAL 1: Share data systems to inform rapid and effective community overdose prevention efforts.**

- 1.1 Formalizing/arranging data sharing partnerships
- 1.2 Data transfer between organizations or agencies
- 1.3 Opioid-related database management and maintenance
- 1.4 Drug-related data collection, analysis, or dissemination (e.g., presentations, reports, publications)
- 1.5 ODMAP usage for strategic planning at the local level
- 1.6 Overdose Fatality Reviews (OFRs)
- 1.7 Public Health and Public Safety Teams (PHAST)
- 1.8 Environmental scans or assessment
- 1.9 Other

## **GOAL 2: Support immediate, evidence-based response efforts that can directly reduce overdose deaths.**

- 2.1 Targeted naloxone distribution
- 2.2 Increased access to medication-assisted treatment (MAT)
- 2.3 911 Good Samaritan Law
- 2.4 Naloxone distribution in treatment centers and the criminal justice system
- 2.5 MAT in the criminal justice system and upon release
- 2.6 Initiation of buprenorphine-based MAT in Emergency Departments

## **GOAL 3: Design and use promising strategies at the intersection of public health and public safety.**

- 3.1 Pre-arrest diversion programs
- 3.2 Safe station programs
- 3.3 Drug courts
- 3.4 Post-overdose outreach programs
- 3.5 Stigma reduction and/or compassion fatigue programs for first responders
- 3.6 Rapid response strategies (e.g., response protocols for OD cluster or pain clinic closure)
- 3.7 Other

## **GOAL 4: Use effective and efficient primary prevention strategies that can reduce substance use and overdose long term.**

- 4.1 Information Dissemination
- 4.2 Prevention Education
- 4.3 Alternative Activities
- 4.4 Problem Identification and Referral
- 4.5 Community-based Process
- 4.6 Environmental
- 4.7 Other

# Overdose Detection Mapping Application Program (ODMAP) Overview



# What is ODMAP?

ODMAP is a **free**, web-based tool that provides near **real-time surveillance** of suspected overdose events to **support public safety and public health** efforts to mobilize an **immediate response** to overdose events



**ODMAP**  
OVERDOSE DETECTION  
MAPPING APPLICATION PROGRAM

# ODMAP Program Goals

- Provide **near real-time surveillance** of suspected overdose events
- Provide participating agencies with data to **identify** suspected overdose **occurrences** and **spikes** in near real-time
- Enable participating agencies to **develop effective strategies** for addressing overdose incidents occurring in their jurisdictions
- Enhance the development of **regional strategies** designed to **prevent the spread** of substance use disorders resulting in overdose incidents

**ODMAP**  
**OVERDOSE DETECTION**  
MAPPING APPLICATION PROGRAM

# ODMAP Agency Eligibility

- Federal, state, local, and tribal
  - Law enforcement/criminal justice personnel (including medical examiners/coroners)
  - Public health personnel
- Licensed first responders (Fire/EMS)
- Hospitals with emergency departments
  - Excludes associated researched units commonly seen with universities
- All agencies **must sign** a participation agreement prior to gaining access, it outlines the ODMAP policies and procedures

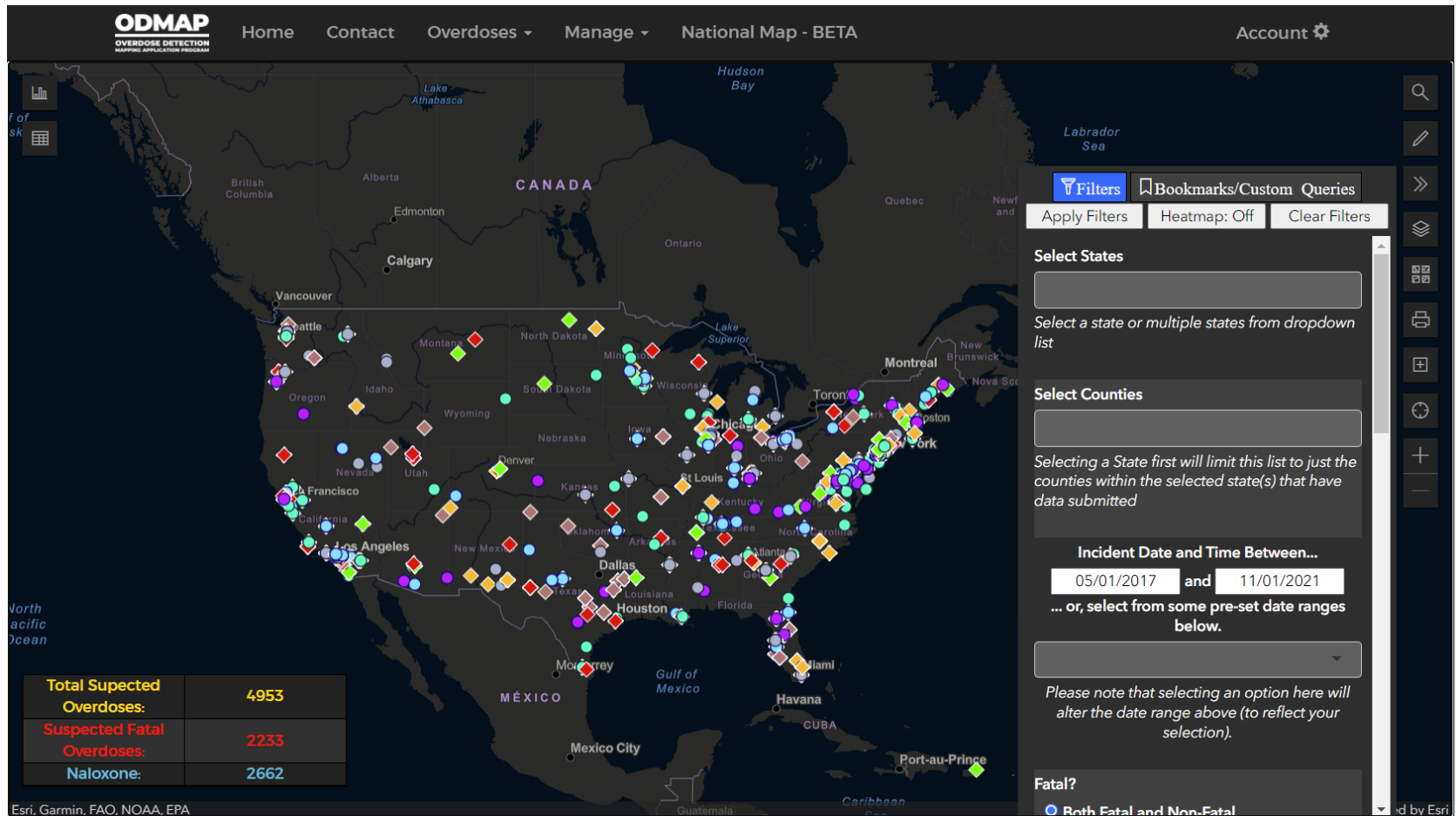
**ODMAP**  
OVERDOSE DETECTION  
MAPPING APPLICATION PROGRAM

# Overdose Event Data Points Collected by ODMAP

- Each case entry **must** include:
  - Date and time
  - Location
  - Outcome (fatal/non-fatal)
  - Naloxone administration
- Agencies can add additional information, including:
  - Suspected drug
  - Demographics
  - Transported to hospital

**ODMAP**  
OVERDOSE DETECTION  
MAPPING APPLICATION PROGRAM

# National Map and It's Features





# ODMAP Features

- ODMAP National Map
  - Cross jurisdiction suspected event information
  - Filters
    - Dates, Location, Type of Suspected Drug, Naloxone Administration
  - Heat maps
  - Charts
- Spike, Overdose, and Statewide Alerts
- **Multiple agencies** providing data for areas, capturing more suspected events

**ODMAP**  
**OVERDOSE DETECTION**  
MAPPING APPLICATION PROGRAM

# Spike Alerts



odmap@wb.hidta.org | Kehoet@chesterfield.gov; laubachr@chesterfield.gov  
**Henrico, Virginia Spike Alert**

Henrico, Virginia is in a spike. There have been 4 total overdose incidents in the last 24 hours.  
Currently your spike alert threshold is 3 overdoses in 24 hours.  
This spike alert was requested by the Chesterfield County Police Department.



# Thank you!

## Contact Information

*Matt Tribble*

*Public Health Analyst*

*Mtribble@midwest-hidta.org*

*404.398.5957*

---





# Treatment & Recovery Supports

- Project Updates
- Expansion of the Oxford House Model across SD

Presented by Tiffany Wolfgang, and Ed Smith & Lora Griffin from Oxford House



# Treatment Services funded by SOR

Current State Fiscal Year



## **Project Recovery**

- Rapid City, SD
- Outreach clinic capacity statewide via telehealth and office-based services
- Integrated peer recovery supports



## **Lewis & Clark Behavioral Health**

- Yankton, SD
- Hub & spoke system spanning the state in partnership with CMHCs



## **Center for Family Medicine (SDSU)**

- Sioux Falls, SD
- Provision of MOUD using a multidisciplinary team
- Training site for physicians



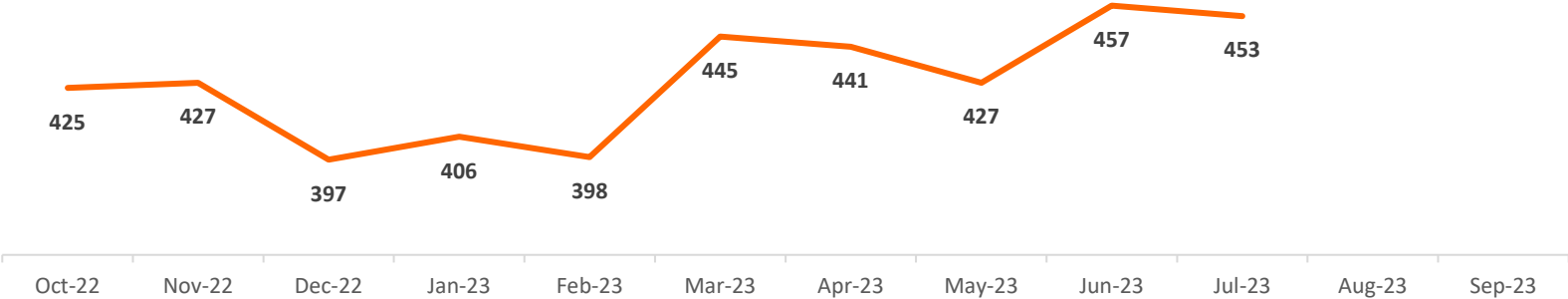
## **Minnehaha County Jail**

- Targeted case management supports for incarcerated individuals in partnership with Southeastern Behavioral
- Provision of MOUD in jail through waived provider

~450 active clients per month across all providers ---- 2,000+ individuals served to date through STR/SOR

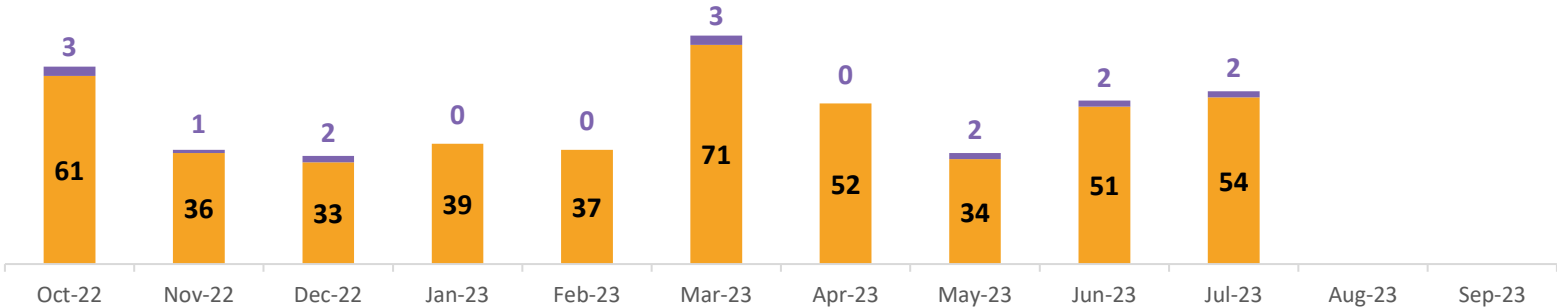
**SOR II Active Client Count**

*Reported as of the end of the month - all medication types*



**SOR II New Clients by Month**

■ Naltrexone ■ Buprenorphine



# Recovery Support Services funded by SOR

Current State Fiscal Year



## ***Face It Together***

- Sioux Falls, SD
- Office-based and telehealth based coaching sessions
- Services available to individuals impacted by opioids or stimulants



## ***Bethany Christian Services***

- Sioux Falls and Rapid City, SD
- Intensive case management services through their ReNEW Program, targeted to pregnant and postpartum women



## ***Oxford House***

- Eight (8) homes in-state
- Peer-led / peer-governed
- MOUD-friendly homes
- Two (2) outreach coordinators working statewide

**On average, 117 individuals are impacted by these programs each month.**



Oxford  
**HOUSE**



META (Sioux Falls)

DEACON (Sioux Falls)

EMILY (Sioux Falls)

CAROLINE (Sioux Falls)

FALLS PARK (Sioux Falls)

BLACK HILLS (Rapid City)

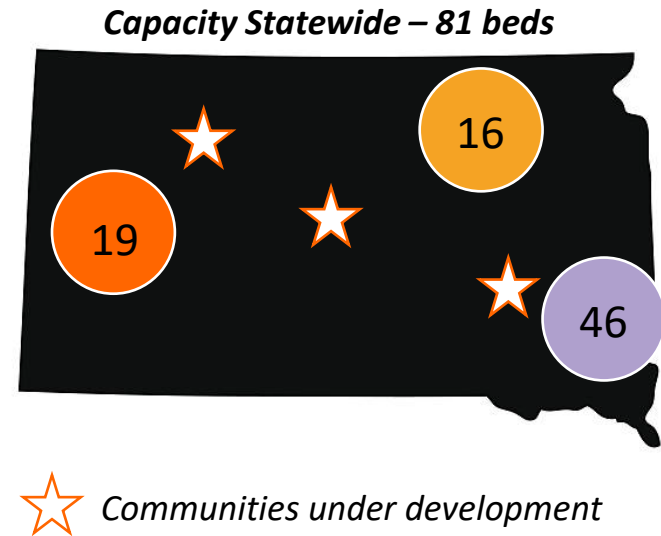
RUSHMORE (Rapid City)

DACOTAH (Aberdeen)

GREAT PLAINS II (Aberdeen)

## 9 houses across South Dakota

- 5 men's
- 3 women's
- 1 women & children



State:  County:  Gender:   Show Only Vacancies

House Name	Gender	City	House #	County	Contact	Contact #	Interviews	Capacity	Vacancies	Distance	Last Updated
Black Hills	W	Rapid City	(605) 791-1188	Pennington	Lora	(605) 569-2111	Mon 6:30pm	10	3	Search by Zip	08/22/2022 3:02PM
Caroline	M	Sioux Falls	(605) 271-0925	Minnehaha	Matt	(605) 403-6978	Sun 7:00pm	9	3	Search by Zip	08/07/2022 6:32PM
Dacotah	W	Aberdeen	(605) 262-0455	Brown	Stephanie	(605) 228-0857	Daily 7:00pm	8	2	Search by Zip	08/22/2022 3:03PM
Deacon	W	Sioux Falls	(605) 274-0619	Minnehaha	Rochelle	(605) 595-0195	Sun 6:00pm	10	1	Search by Zip	08/22/2022 3:03PM
Emily	WC	Sioux Falls	(605) 271-1810	Minnehaha	Maggie	(605) 359-7406	Sun 8:00pm	10	1W 0WC	Search by Zip	08/22/2022 3:31PM
Falls Park	M	Sioux Falls	(605) 271-0631	Minnehaha	David	(605) 228-2505	Sun 5:30pm	8	3	Search by Zip	08/15/2022 3:40PM
Great Plains	M	Aberdeen	(605) 262-0249	Brown	Joshua	(605) 971-0493	Sun 1:00pm	8	0	Search by Zip	08/22/2022 3:03PM
Meta	M	Sioux Falls	(605) 271-1889	Minnehaha	Tyler	(605) 760-1216	Sun 1:00pm	9	1	Search by Zip	08/22/2022 3:02PM
Pushmore	M	Rapid City	(605) 791-0177	Pennington	Mike	(605) 786-6583	Sun 7:00pm	9	1	Search by Zip	08/21/2022 7:38PM

**Real-time look-up for house availability**  
<https://oxfordvacancies.com/>



# Reducing Illicit Supply – Safe Medication Storage & Care Coordination

- Presented by the Helpline Center





# SD Resource Hotline & Care Coordination



# SD Resource Hotline & Care Coordination

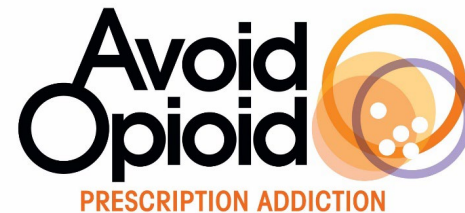
- 1-800-920-4343 --- Treatment Resource Hotline
- Listening and Support Hotline for Substance Use
- Substance Use Care Coordination
- [www.avoidopioidsd.com](http://www.avoidopioidsd.com) or [www.helplinecenter.org](http://www.helplinecenter.org)



# SD Resource Hotline



- [www.avoidopioidsd.com/resource-hotline](http://www.avoidopioidsd.com/resource-hotline)
- Listening and Support
- Connection to community resources





Your personal guide to addiction recovery.

[www.avoidopioidsd.com/  
care-coordination](http://www.avoidopioidsd.com/care-coordination)

- **Care Coordinators who will listen.**

Your experience and motivation to call is important information that helps them understand your personal situation, and work with you to find the help that best fits your needs.

- **Identify strengths and barriers to recovery.**

Care Coordinators are trained to help you take those critical first steps to recovery. Determining what you're good at, as well as your weaknesses, will go a long way toward finding the best path.

- **Recommend a health assessment.**

A Care Coordinator may suggest you see a healthcare provider or an addiction counselor for an evaluation of your medical, social, and family history. This often leads to a more personalized recommendation for treatment, counseling, medication, or other services.

- **Scheduling.**

Care Coordinators will give you information about the nearest provider, walk-in hours, costs, and may even call ahead to schedule an appointment for you.

- **Review.**

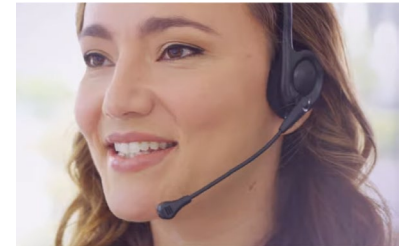
If the healthcare provider or addiction counselor signs a release during the assessment, the Care Coordinator can review your results which will help them further support you.

- **Follow-up.**

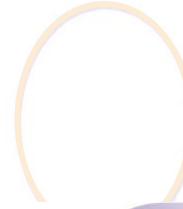
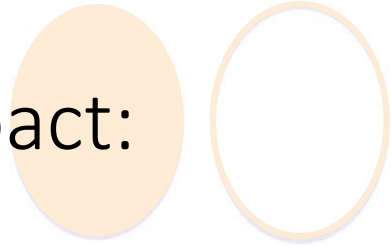
Care Coordinators can follow up with you after the assessment, can arrange appointments as recommended, and set up a plan for ongoing contact.

- **Ongoing Support.**

Care Coordinators can stay in contact with your healthcare provider, and act as your experienced ally and advocate throughout your journey toward sobriety. The length of the program varies for each individual, and you can end the service whenever you feel ready. However, your Care Coordinator will be there for you as long as you need the support to sustain your recovery.



Impact:



**COORDINATION**

Your personal guide to addiction recovery.

Care Coordination Unique Clients

This Month - 20

Year to Date - 104

Care Coordination Calls over Time

January	February	March	April	May	June	July	Total Calls
73	138	187	118	159	90	61	826

SD Resource Hotline Calls over Time

January	February	March	April	May	June	July	Total Contacts
771	151	67	145	33	101	10	1,278



# HelpSheets [www.helplinecenter.org/helpsheets](http://www.helplinecenter.org/helpsheets)

HelpSheets are just one more way the Helpline Center connects people with the information and support they need. These brief documents provide an overview of the designated topic as well as the keywords to search in our online database

- **Mental Health**

- [988 Information and Update](#)
- [Children's Mental Health](#)
- [Considering Counseling](#)
- [Cost Options for Behavioral Health Care in South Dakota](#)
- [How to Help a Loved One In a Mental Health Crisis](#)
- [Involuntary Commitment \(IVC\) for Mental Health Issues Process Overview](#)
- [Involuntary Commitment \(IVC\) Necessary Details for Filing a Petition](#)
- [Reporting Suicidal Comments Made on Social Media](#)
- [Safeguarding Your Home](#)
- [Safety Planning Guide](#)
- [Taking Care of Me!](#)
- [Types of Behavioral Health Professionals and Specialty Topics](#)
- [When Gambling Negatively Impacts Your Life](#)

- **Substance Use**

- [Good Samaritan Law for Overdose Safety](#)
- [How to Help a Loved One with Opioid Use Issues](#)
- [Intensive Methamphetamine Treatment \(IMT\)](#)
- [Involuntary Commitment \(IVC\) for Substance Use Disorder](#)
- [Medication-Assisted Treatment \(MAT\)](#)
- [Options in a Substance Use Crisis](#)
- [Reverse an Overdose: Naloxone \(NARCAN\)](#)
- [Substance Use Treatment Options](#)

# Medication Safeguarding

## Medication Lock Boxes

\*\*Significant increase in request due to media placements

Locking medicine box for prescription and over the counter medications in one secure place, and assists in protecting family members from accidental poisoning or medicine misuse.

## Request a lockbox today!

- Request a medication lock box as an individual
- Request medication lock boxes to distribute as an organization (NEW!!)



Lockboxes Provided over Time

January	February	March	April	May	June	July	Total Provided
56	1,666	246	60	98	67	603	2,796

# DisposeRx

- contain an FDA-approved ingredient that chemically and physically neutralizes the drugs when mixed with water.
- It can be used with pills, tablets, capsules, liquids and powders and thrown away safely at home.
- [Order a FREE Dispose Rx packet](#) that is mailed directly to you.

## Next steps

*Opportunity to promote more and easier to find on [avoidopioids.com](http://avoidopioids.com)*



Dispose Rx Packets Provided over Time

January	February	March	April	May	June	July	Total Provided
36	45	26	103	0	10	25	245



# Prevention & Early Identification – Communities That Care

- Presented by Liz Marso, SD DOH



# COMMUNITIES THAT CARE

Opioid Advisory Meeting

Presented by:

Liz Marso

Healthy Communities Coordinator  
South Dakota Department of Health

# WHAT IS COMMUNITIES THAT CARE?

- Communities That Care (CTC) guides communities through a proven five-phase change process.
- Using prevention science as its base, CTC promotes healthy youth development, improves youth outcomes, and reduces problem behaviors.

# CTC PHASES



# CTC PHASE 1

## Get Started

- **key leaders commit to CTC**
- **engage diverse stakeholders**





# CTC PHASE 2



## Get Organized

- **create or engage community board**
- **learn about prevention science**
- **write vision**
- **form work groups**
- **initial planning**

# CTC PHASE 3

## Develop Community Profile

- youth survey data
- health & behavior problems
- risk factors
- protective factors
- assess community resources



# CTC PHASE 4

## Create a Plan

- **summarize assessment results**
- **select tested & effective programs and policies**
- **fill resource gaps**



# CTC PHASE 5

## Implement & Evaluate

- **tested & effective policies and programs**
- **deliver with high quality**
- **monitor delivery progress**
- **track youth outcomes**



# MILESTONES & BENCHMARKS

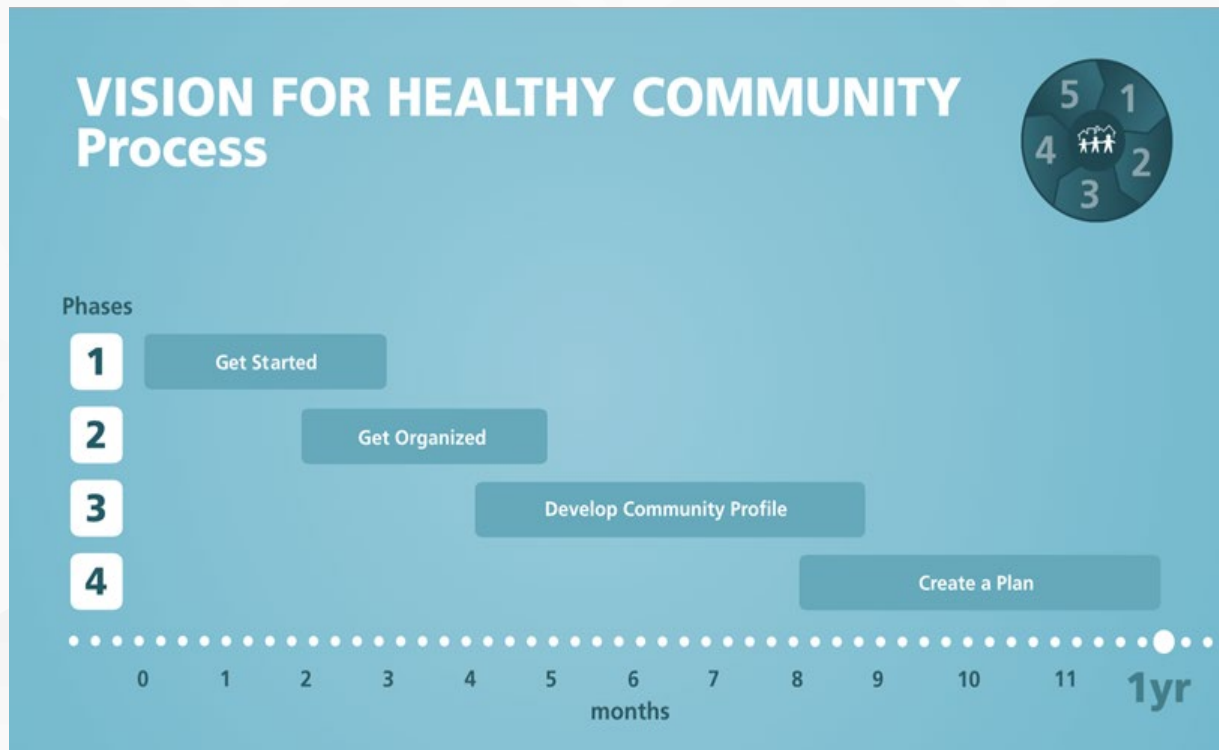


## Milestones & Benchmarks

### Phase 1: Get Started

Milestone	Benchmarks to Achieve this Milestone
<b>1.1</b> <b>Organize the community to begin the <i>Communities That Care</i> Process.</b>	<p>Designate a single point of contact to act as a catalyst for the process.</p> <p>Identify a champion (a community leader) to guide the process.</p> <p>Inventory existing initiatives addressing youth and family issues.</p> <p>Identify "lead" agency committed to supporting the project.</p> <p>Secure coordinator/facilitator (at least half time).</p> <p>Form core workgroup to activate the process.</p> <p>Develop roster of key leaders to be involved in the process.</p> <p>Prepare initial work plan and time line for getting started.</p> <p>Identify and acquire resources needed to get started.</p>
<b>1.2</b> <b>Define the scope of the prevention effort.</b>	<p>Define the community to be organized.</p> <p>Identify health and behavior issues to be addressed to confirm that CTC is appropriate for your efforts.</p> <p>Agree on what is involved in the "prevention" response.</p> <p>Identify legislative/funding supports or constraints.</p> <p>Agree on community board's role.</p> <p>Begin to define how community board will operate in community.</p>

# THE 1<sup>ST</sup> YEAR



# TIMELINE MOVING FORWARD



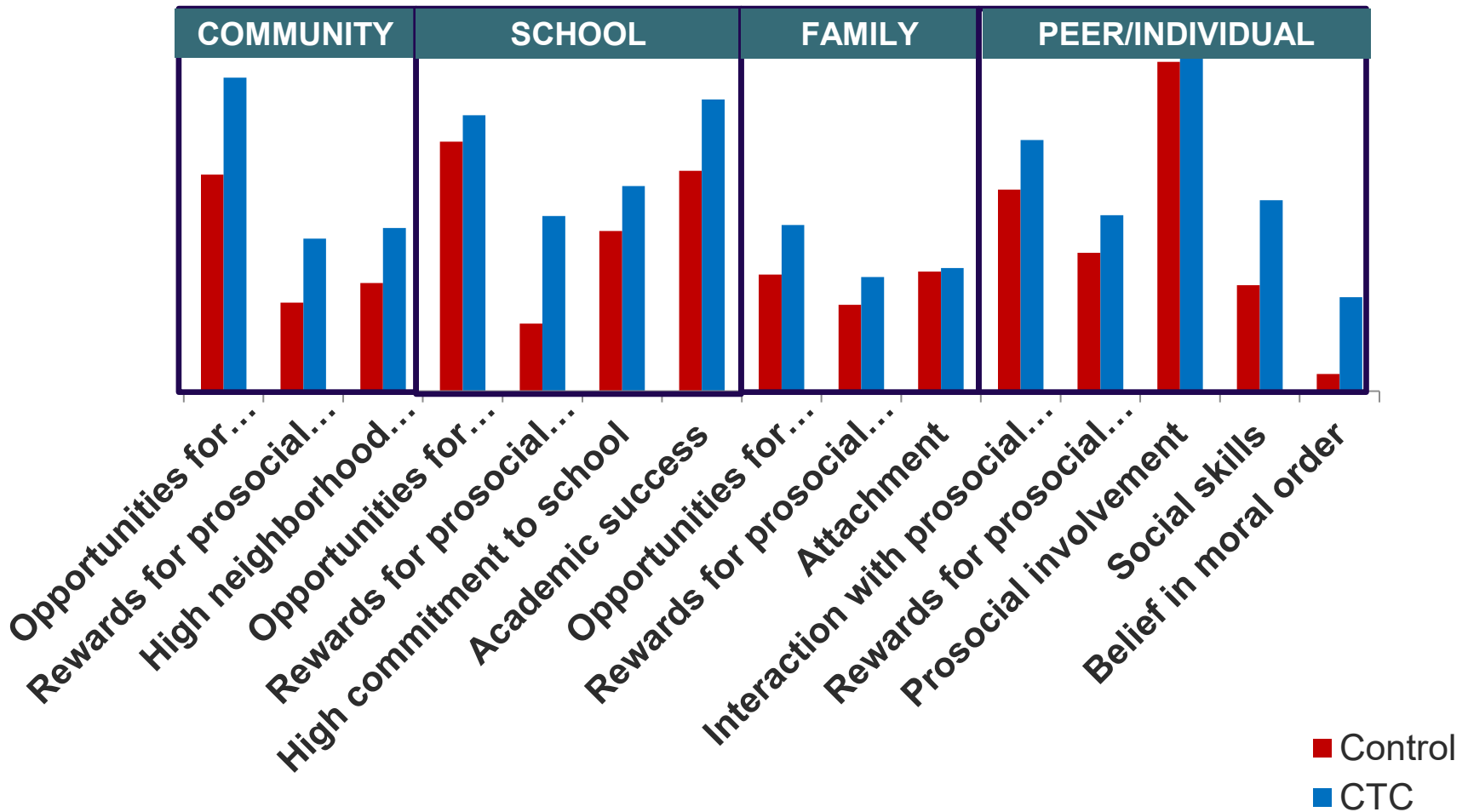


# YOUTH BEHAVIOR SURVEY





# PROTECTIVE PROFILE



# CTC STRUCTURE IN SOUTH DAKOTA

- 2020-2022 Grantees – UW Coaching
  - Pierre / Ft Pierre – Capital Area Counseling Services
    - Phase 2
  - Aberdeen – Avera St. Luke's
    - Phase 3
  - Eagle Butte – Missouri Breaks
    - Phase 5



BROWN COUNTY  
COMMUNITIES THAT CARE



# CTC STRUCTURE IN SOUTH DAKOTA

- 2022-2024
  - 5 Coaching Agencies leading 8 communities
  - Coaches-in-Training tandem coach with UW
  - Agencies:
    - Volunteers of America – South Dakota
    - Community Healthcare Association of the Dakotas
    - Human Service Agency – Northeast Prevention Resource Center
    - Youth and Family Services
    - South Dakota Department of Health

# CTC STRUCTURE IN SOUTH DAKOTA

- 2022-2024 Grantees
  - Lower Brule Sioux Tribe Counseling Service
  - Fort Thompson Community Health Center
  - Wagner Community Memorial Hospital
  - Yankton Sacred Heart Health Services
  - White River Michael Glynn Memorial Coalition
  - Hot Springs Fall River Health Services
  - Sioux Falls Urban Indian Health
  - Mitchell Dakota Wesleyen University



# Committee & Partner Updates

- *Roundtable updates from Committee members*
- *Updates from other partners on shared strategies*

*Facilitated by Lori Martinec*





# Public Input





# Closing Remarks

